



# HEARING VISION SCREENING

ID NUMBER:

FORM CODE: HVS

DATE: 09/15/2017  
Version 2.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

Instructions: Enter the answer given by the participant for each response.

### Otoscopy results

1a. RIGHT.....

1b. LEFT .....

Within normal limits.....A → **Go to Item 1b**

Within normal limits.....A → **Go to Item 2a1**

Impacted cerumen .....B → **Go to Item 1b**

Impacted cerumen .....B → **Go to Item 2a1**

Other.....C

Other.....C

1a1. Specify other: \_\_\_\_\_

1b1. Specify other: \_\_\_\_\_

### Audiometric results

RIGHT

2a1. 500.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a2. 1000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a3. 2000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2a4. 4000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

LEFT

2b1. 500.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b2. 1000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b3. 2000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
2b4.4000.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Hearing in better ear result:

\_\_\_\_\_

4. Vision results: smallest line able to read, aided and holding card at least 16 inches away from eyes. Select from {6.3, 8.0, 10, 13, 16, 20, 25, 32, 40, 50, 63, 80, 100, 130, 160, 200, 250, 320, or 400}.

20/